

**TESTIMONY**  
**From**  
**The Pacific Island Health Officers Association**  
**To**  
**The US House of Representatives – Committee on Government Reform**  
  
**“OUR CONCERN”**

**Introduction:**

To understand the Pacific insular areas’ special needs, one must comprehend the challenges posed by the area’s demographics, geographic setting and socio economic conditions. The US associated Pacific Island Jurisdictions consists of six jurisdictions: American Samoa, Guam, Commonwealth of the Northern Mariana Islands (CNMI), Republic of the Marshall Islands (RMI), Federated States of Micronesia (FSM), and the Republic of Palau (ROP). American Samoa and Guam are unincorporated territories, and CNMI, a commonwealth Covenant, are officially part of the United States. The Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau have all signed Compacts of Free Association - meaning they are politically self-governing Jurisdictions and have established specific rights and responsibilities\*.

The total population of all six jurisdictions is approximately 500,000. This population is spread across 107 inhabited islands covering an expanse of ocean larger than the continental United States.

**The Pacific Disparities:**

As shown in the table below, more than 50% of the population of American Samoa, Palau and FS Micronesia lived below the poverty line. According to the Department of the Interior, and US standards, about 25% on Guam were living below the poverty line, and 33% in the CNMI. For other areas, which live partly on subsistence, which is not considered in poverty determinations, the levels were much higher – about 63% of the people in Palau were below poverty, 68% in American Samoa, and more than 91% in the Federated States of Micronesia.

Per Capita Income for 2000<sup>†</sup>

Name	Per capita income 2000	Per capita income 1995	Percent Below Per capita income 1995
United States	\$36,300 <sup>‡</sup>	\$16,555	11.6%
CNMI	\$9,151	\$6,984	33.3%
American Samoa	\$4,357	\$2,861	67.7%
Guam	\$12,722	NA	NA
Palau	\$4,093	\$3,508	62/8%
Fed States of Micronesia	\$3,943	\$940	91.0%
Marshall Islands	\$2,281	NA	NA

\* The FSM and RMI re-negotiated and signed their compacts in 2003, Palau in 1986. Prior to that time, the United States had administrative control over these Islands. Each compact provides for developmental assistance and cedes full authority and responsibility of the jurisdiction’s defense to the United States.

<sup>†</sup> <http://www.doi.gov/oia/commerce/comstatpage.htm>

<sup>‡</sup> <http://www.cia.gov/cia/publications/factbook/geos/us.html>

Given these statistics, it is not surprising that almost all health indicators for islanders are worse than those in the United States, particularly in the freely associated states (FAS). For example, average life expectancy in the jurisdictions is 69.1 years compared with 76.0 years in the U.S. Infant mortality (deaths per 1,000 births) is very high in the FAS, ranging from 37.0 in the Republic of the Marshall Islands to 16.7 in Palau compared with 6.8 in the U.S. (Attachment 1). Diabetes, cancer, tuberculosis, tobacco use, alcohol abuse, vitamin deficiencies and suicide are serious health problems in many of the jurisdictions. The Republic of the Marshall Islands and the Federated States of Micronesia have been designated by UNICEF as areas of Special Need in the Pacific because of malnutrition and the high infant mortality rate. In addition, the RMI and the FSM are among the highest scoring, i.e., 25, Health Professional Shortage Areas (HPSA) within the United States.

Contributing to these poor health outcomes are unique challenges in the jurisdictions' health care delivery system. Because the population is scattered over such a wide area, in most jurisdictions, over 20% of residents must travel over one hour to a health facility. Since most of the jurisdictions do not have many paved roads, land travel can be slow. In addition, except for Guam, each jurisdiction consists of multiple islands, thus necessitating travel by boat or plane, which adds to the cost and time.

There are no tertiary hospitals with specialty care located in the jurisdictions. There are Hospitals in Guam, American Samoa and CNMI that are certified by the Centers for Medicaid and Medicare Services (CMS) to receive Medicare and Medicaid payments, however, maintaining CMS standards has been difficult, and there are no hospitals in the jurisdictions accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

In American Samoa, the Marshall Islands, and the Federated States of Micronesia, the hospitals are wood construction or coated ply board, and therefore precipitating major safety problems. Equipment and supplies for radiology, laboratory, and surgery remain unavailable in most of the Jurisdictions.

Although the Flag and the Freely Associated Jurisdictions have distinct health and economic disparities between them, they all share vulnerable borders. However, through HRSA and CDC assistance, these vulnerable borders are protected from emerging infectious diseases (SARS and Avian Flu) and the threat of bioterrorism.

One significant obstacle for the Pacific Jurisdictions – with this Federal assistance, has been the Federal Domestic Grant requirements, and in particular, for the Section 330 Community Health Center Grants. These requirements are based on a US Mainland standard, and inappropriate for the socio-economic conditions Pacific.

### **Manpower:**

None of the jurisdictions have enough health professionals to adequately serve their populations. American Samoa, Palau, and the Federated States of Micronesia are designated Health Professional Shortage Areas (HPSA) in primary care, dental care, and mental health care, according to the U.S. Department of Health and Human Services. The Marshall Islands have shortage areas in primary care and dental care. The remaining jurisdictions (Guam and the Mariana Islands) are a combination of whole and partial shortage areas in these categories. All Jurisdictions except for Guam, have HPSA scores more than 20, with the Marshall Islands and the Federated States of Micronesia at the highest HPSA score of 25.

American Samoa, the Marshall Islands, and the Federated States of Micronesia have significantly higher ratios of population to primary care physicians than the United States average. Likewise, there has been a tremendous shortage of nurses, particularly from the Public Health/Community Health/Primary Care settings.

There are no medical schools located in the U.S. Associated Pacific Basin jurisdictions. Moreover, the Pacific Basin Medical Officers Training Program, a regional Medical Officers training program based in Pohnpei and instituted in 1986 to address an imminent physician shortage, was closed after 10 years. It trained indigenous individuals who function as Medical Officers (M.O.s) throughout the Freely Associated States, American Samoa, and FIJI. Seventy students graduated and are now practicing throughout the region. However, to maintain and improve skills, these M.O.s need access to continuing education and training.

In combination with the lack of these educational resources, the Pacific Jurisdictions have a tremendous difficulty in recruiting and retaining health care providers in such isolated areas. With the exception of Palau, 60% to 100% of the medical doctors with MD or MBBS degrees in the jurisdictions are expatriate physicians, and are often hired on two-year contracts. Thus, there is great turnover with these types of physicians.

There is an extreme shortage and uneven distribution of dentists in the jurisdictions. Half of the region's dentists are on Guam, with the other half scattered throughout the entire region. Excluding Guam, ratios of dentists to people range from 1 per 4,306 in Palau to 1 per 14,811 in the Marshall Islands. In the US, the ratio is 1 dentist per 1,785 people.

Institutions of higher learning in the Pacific remain extremely rare. The only four-year college level educational institution in the Pacific is the University of Guam. Although it does have a Baccalaureate of Science in Nursing; it offers nothing for the remaining allied work force. Adding to this disparity, many of the existing educational institutions/programs have had difficulty recruiting and retaining faculty, directly affecting the quality of the programs. This is compounded by the prevailing low salaries and fringe benefits packages.

One technological breakthrough that could assist the Jurisdictions in training and education of the health care workforce is reliable telecommunications for telehealth, and distance learning. Unfortunately, the Freely Associated States (the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau) are adversely affected because they are not considered Insular Areas by the Federal Communications Commission, and eligible for the health and education Universal Service Fund. This results in increased costs, limits development, and impedes low cost communication for education and health. Long-distance phone rates can be from \$.99 in Palau to \$1.69 in the Federated States of Micronesia, and phone or Internet service is often unavailable, unreliable, or low quality due to bandwidth limitations.

Many outer islands do not have access to phones, but are forced to use single band radios to the main islands. For example, the inhabited outer islands of Palau, North of Papua New Guinea, communicate with the main island of Koror through these single side band radiophones for regular and emergency communication with the Palau Hospital.

Complicating the digital divide problem is the problem of extreme distances and travel among these 107 inhabited Pacific Islands. Palau is one complete day, 13 time zones away, and 22 hours flight time from Washington, DC by jet. Nevertheless, in some Jurisdictions, there are only 2 airline flights a week.

## Burden of Health Care

All Pacific Island Jurisdiction tertiary care patients must be referred out of the region for treatment. This creates a serious drain on the jurisdictions' health budgets. In some years, American Samoa, the Marshall Islands, and the Federated States of Micronesia have spent between 20% and 30% of their health care budgets on off-island referrals. (Attachment 1) Round-trip plane fares for stretcher cases are rated at 6 seats cost from \$4,700 to \$9,200 depending on whether the patient is coming from American Samoa or Palau.

Less than 1% of the Pacific population uses tertiary care, and yet consumes from 10 to 30 % of that Country's total health budget for tertiary care, and associated costs. This tertiary care expenditure undeniably shrinks the dollar amount remaining for basic public health and social services for these Pacific Island communities.

## The IOM Report

All of the above testimony is evident in the Institute of Medicine's 1998 Report "Pacific Partnerships of Health: Charting a New Course." However, health care delivery in the Pacific has gotten worse, particularly with the increased incidence of natural disasters and the increased risk of global public health threats, i.e., SARS, Avian Flu, etc.

In this IOM report, there were four recommendations: (1) Adopt and supports viable system of community-based primary care and preventive services. (2) Improve coordination within and between the Jurisdictions and the United States. (3) Increase community involvement and investment in health care. (4) Promote the education and training of the health care workforce. To this end, PIHOA is grateful to the Department of Health and Human Services through its Health Resources and Services Administration (HRSA) and the Centers of Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Department of Interior/Office of Insular Affairs (DOI/OIA) for all their support either directly or indirectly in helping PIHOA to serve our US Pacific Island Jurisdictions.

PIHOA is also very grateful for the resources provided through the Department of Health and Human Services and its programs, i.e., the Hawaii and Pacific Basin Area Health Education Centers, Health Careers Opportunity Programs, Maternal and Child Health Bureau block grants, and HRSA's Primary Care and Community Health Center support. All of the above services are in combination with all the needed programs and services the Centers for Disease Control and Prevention (CDC) provides, i.e., Tuberculosis, Diabetes, Immunization, HIV/AIDs, Cancer Control, and BioTerrorism.

The following reduction in the Infant Mortality Rate in the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau is directly attributable to this continued DHHS support and assistance.

Jurisdiction	1990	2000	% Reduction
Federated States of Micronesia	52	20	61%
Marshall Islands	63	37	47%
Palau	26	10	61%

**Conclusion:**

The Pacific Island Health Officers Association want to take this opportunity to thank the Committee on Government Reform, House of Representatives for the privilege of testifying on the health disparities experienced by American citizens living in the Pacific Islands.

(Attachment 1)  
**Pacific Island Jurisdiction**  
**Data**  
 (18 Feb 04)

*Freely Associated Jurisdictions:*

<b>Jurisdiction</b>	<b>Per Capita Income</b>	<b>Population</b>	<b>IMR/1000</b>	<b>Health budget/capita</b>	<b>% Referral Costs to Total Health Budget</b>	<b>5 - Leading Causes of Death</b>
United States <sup>§</sup>	\$34,280	290,342,554	6.8	\$4,672 <sup>**</sup>	<b>NOT APPLICABLE</b>	1 Heart Disease 2 Malignant Neoplasms 3 Cerebral Vascular 4 Chronic Low. Respiratory Disease 5 Unintentional Injury
Federated States of Micronesia <sup>††</sup>	\$2,055	107,008	22.2	\$86	\$11,000,000 (14%) of Total Health Budget \$1,400,000	1 Diseases of the Circulatory System 2 Endocrine/metabolic 3 Diseases of the Digestive system. 4 Diseases of the Respiratory system 5 Malignant neoplasms
Marshall Islands <sup>6</sup>	\$2,281	50,840	37.0	\$275	\$4,000,000 (32%) of Total Health Budget \$12,600,000	1 Sepsis/Septicemia 2 End Stage Renal Disease 3 Diseases of the Heart 4 Malignant Neoplasms 5 Pre-maturity
Palau <sup>6</sup>	\$6,039	19,626	16.7	\$434	\$930,000 (11%) of Total Health Budget \$8,521,362	1 Diseases of the circulatory system 2 Signs, Symptoms & ill defined conditions. 3 Diseases of the respiratory system 4 Accidents 5 Malignant neoplasms

<sup>§</sup> NCHS 2001

<sup>\*\*</sup> Org. for Economic Cooperation and Development (2002) Health, United States

<sup>††</sup> PIHOA (2002). Health Data Matrix of the US Pacific Basin Jurisdictions

*Flag Jurisdictions:*

<b>Jurisdiction</b>	<b>Per Capita Income</b>	<b>Population</b>	<b>IMR/1000</b>	<b>Health budget/capita</b>	<b>% Referral Costs to Total Health Budget</b>	<b>5 - Leading Causes of Death</b>
United States <sup>4</sup>	\$34,280	290,342,554	6.8	\$4,672 <sup>5</sup>	<b>NOT APPLICABLE</b>	1 Heart Disease 2 Malignant Neoplasms 3 Cerebral Vascular 4 Chronic Low. Respiratory Disease 5 Unintentional Injury
American Samoa <sup>6</sup>	\$4,357	59,400	10.9	\$500	\$2,800,000 (9%) of Total Health Budget \$30,000,000	1 Diseases of the heart 2 Malignant neoplasms 3 Accidents 4 Infectious & Parasitic Dis. 5 Signs, Symptom, & ill defined conditions.
CNMI <sup>6</sup>	\$9,151	69,221	7.6	\$487	\$3,700,000 (11%) of Total Health Budget \$33,700,000	1 Diseases of the heart 2 Accidents 3 Malignant Neoplasms 4 Symptoms, signs, & ill-defined conditions 5 Infectious and parasitic diseases
Guam <sup>6</sup>	\$12,722	157,554	9.8	\$162	% Referral Costs <b>Not Available</b> of Total Health budget \$25,523,097	1 Disease of the heart 2 Malignant neoplasms 3 Cerebral Vascular Disease 4 Suicide 5 Accidents